

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)		FEC IDENTIFICATION NUMBER ▼ C C00122101	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee PAC/West Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016		
Mailing Address 8600 Southwest Saint Helens Dr. Suite 100			Amount 19282.72		
City Wilsonville	State OR	Zip Code 97070	Transaction ID : SE.14274		
Purpose of Expenditure Direct Mail		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2016		
Name of Federal Candidate HECK, JOE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		45532.72	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee PAC/West Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016		
Mailing Address 8600 Southwest Saint Helens Dr. Suite 100			Amount 7444.04		
City Wilsonville	State OR	Zip Code 97070	Transaction ID : SE.14275		
Purpose of Expenditure Direct Mail		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2016		
Name of Federal Candidate HARDY, CRESENT, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		19944.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26726.76
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bolt, Nathan, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 21 / 2016

Signature

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee PAC/West Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 8600 Southwest Saint Helens Dr. Suite 100		Amount 9704.71	
City Wilsonville	State OR	Zip Code 97070	Transaction ID : SE.14276
Purpose of Expenditure Direct Mail	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2016	
Name of Federal Candidate YOUNG, DAVID, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9704.71
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	36431.47

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bolt, Nathan, , ,

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Date

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